

FILED MAR 15 1944
Registration District No. _____

Primary Registration District No. 1000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 10 days
(Specify whether years, months or days)

In this community 3 months 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2731 Highland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE ALEXANDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29
year 1944 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from 10-19- 1943 to 1-29- 1944
that I last saw him live on 1-29- 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Sally Kathryn Alexander alive unknown years _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased 8-15-1901
(Month) (Day) (Year)

Immediate cause of death: Central nervous system Duration 2 hours

8. AGE: Years 42 Months 5 Days 14 If less than one day _____ hr. _____ min.

Due to Paresis 20 years

9. Birthplace Tyler Texas
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Packing house worker

Other conditions (Include pregnancy within 3 months of death) 30g

11. Industry or business Meat packing

Major findings: Of operations _____

12. Name John Alexander

Of autopsy _____

13. Birthplace Dustin Texas
(City, town, or county) (State or foreign country)

14. Maiden name Bleunt

15. Birthplace Dustin Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Sally Kathryn Alexander

(b) Address 2731 Highland R.C. Mo.

17. (a) Removal (b) Date thereof 1-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Mo.

18. (a) Signature of funeral director Walter Appleton Jones, Inc

(b) Address 1905 Vine St K.C. Mo

19. (a) 1-30-44 (b) Rae Henry
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. H. Morrison (M. D. or other) _____
Address State Hospital No. 2 Date signed 1-29-44
St. Joseph Mo.

APR 19 1944

APR 19 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.